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FACSIMILE COVER SHEET

TO: Examiner Mary Zeman, Group Art Unit 1631
U.S. Patent & Trademark Office

Date: 7 July 2003

Fax No.: (703) 308-4242

FROM: Alisa Harbin

Number of Pages: 7
(Including cover page)

RE: USSN 08/441,355

Message: _____

Please contact **Gyne Riser** at (510) 923-3003 if you have any problems receiving this transmission.

I hereby certify that this paper is being transmitted to Examiner Mary Zeman, Group Art Unit 1631, via facsimile to (703) 308-4242, at the U.S. Patent & Trademark Office on July 7, 2003.

Gyne Riser
Gyne Riser

07.07.03
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

MICHAEL HOUGHTON et al.

Serial No. 08/441,355

Group Art Unit: 1643

Filed: May 15, 1995

Examiner: M. Zeman

For: PROCESS FOR SCREENING FOR HCV (AS AMENDED)

AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a further amendment to the amendment filed June 24, 2003.

_____ Applicant petitions for extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

_____ one month	\$ 110.00
_____ two months	\$ 410.00
_____ three months	\$ 930.00
_____ four months	\$1,450.00

_____ An extension for _____ months has already been secured and the fee paid therefore of \$_____ is deducted from the total fee due for the total months of extension now requested.
Extension fee due with this request \$_____.

X Applicant believes that no extension of time is required with this paper because an extension of time was requested and the subsequent fee was submitted with the amendment filed June 24, 2003. However, if any additional extension and/or fee is required, please charge Deposit Account No. 03-1664. **THIS IS NOT AN AUTHORIZATION TO PAY THE ISSUE FEE.**

PATENT
Atty. Docket No. 0063.021

The fee for claims (37 C.F.R. §1.16(b)-(d)) has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	*130	MINUS	*241	= 0	x \$18.00	\$0.00
INDEP.	*14	MINUS	*15	= 0	x \$84.00	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$280.00	\$0.00

Total \$ 0

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid for" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

 X No additional fee for claims is required.

 Attached is check no. in the amount of \$

 X If any additional fees are required, please charge Deposit Account No. 03-1664.
THIS IS NOT AN AUTHORIZATION TO PAY THE ISSUE FEE.

Respectfully submitted,

Dated: 3 July 2003

By: 

Alisa A. Harbin
Reg. No. 33,895

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